



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 426626		2. Exact name of the limited liability company SUNFLOWERS CONVENIENCE STORE, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island CONVENIENCE STORE			
5. Principal office address 329 WOONASQUATUCKET AVENUE		City NORTH PROVIDENCE	State RI	Zip 02911	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name TUNDE AZEEZ			Contact Title MANAGER		
Street Address 329 WOONASQUATUCKET AVENUE		City NORTH PROVIDENCE	State RI	Zip 02911	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name TUNDE AZEEZ			Manager Name PRINCES T. DUBLIN		
Street Address 329 WOONASQUATUCKET AVENUE			Street Address 329 WOONASQUATUCKET AVENUE		
City NORTH PROVIDENCE	State RI	Zip 02911	City NORTH PROVIDENCE	State RI	Zip 02911
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name TAXPLUS			Address		
Address 112 RESERVOIR AVENUE			City PROVIDENCE	Zip 02907	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

426626
FILED

OCT 21 2011

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person

TUNDE AZEEZ

Print or Type Name of Authorized Person

Date